

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540139

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	3		/			
6	4		/			
7	4		/			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	26	↔	18	↔		
TOTAL CLAIMS	28	[REDACTED]	20	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		